



Washington State
Department of
Social and Health
Services

**STATE-WIDE
PUBLICLY FUNDED
MENTAL HEALTH
PERFORMANCE
INDICATORS**

FISCAL YEAR 2003

MENTAL HEALTH DIVISION
DECEMBER 2004

Additional copies of this report may be obtained from the DSHS Mental Health Division.
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State-Wide Publicly Funded Mental Health Performance Indicators

Fiscal Year 2003

Department of Social and Health Services, Mental Health Division

Olympia, Washington

December 2004

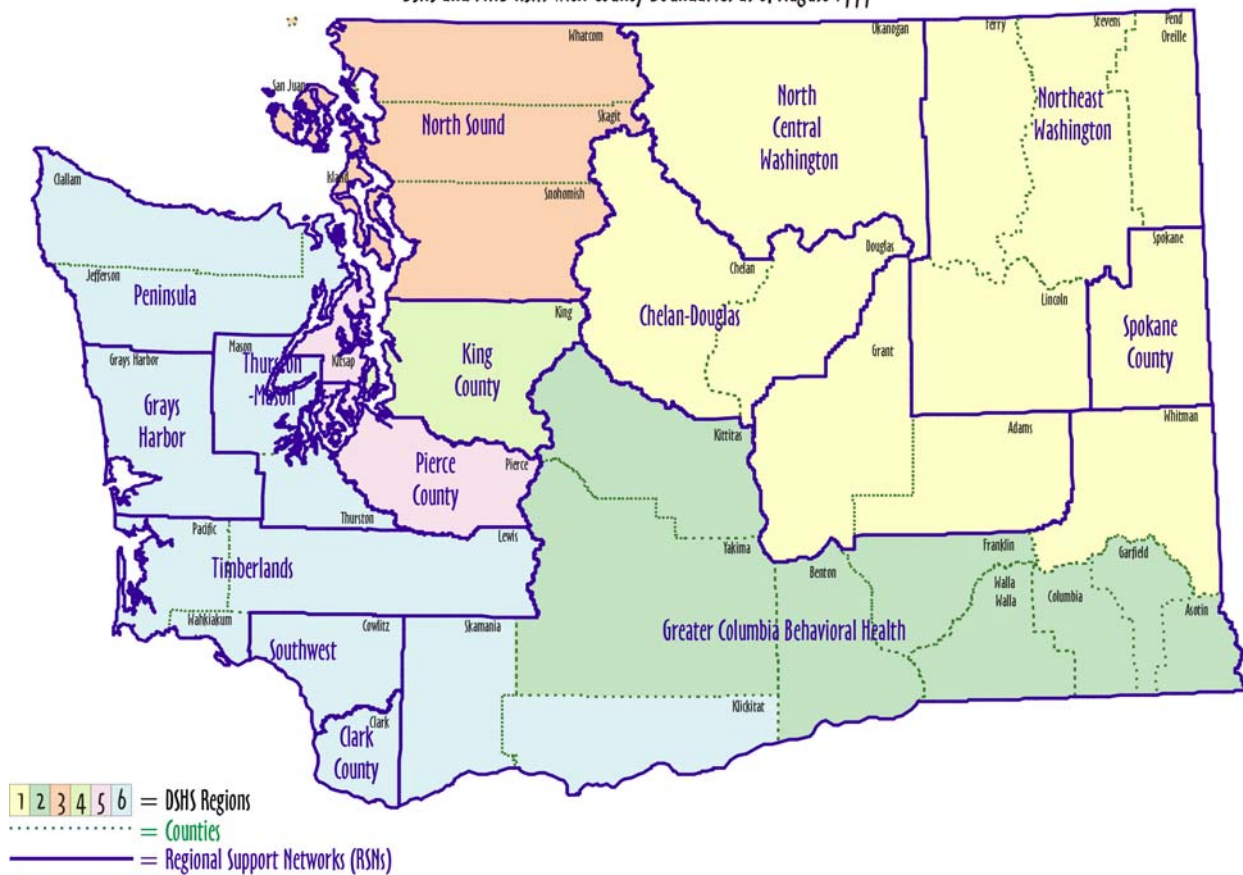
Cautions on Comparing Results

The Mental Health Division and the Performance Indicator Workgroup have made significant progress in developing and reporting performance measures. Data standards and definitions have improved, a training website has been developed, and internal and external review processes have been put in place. However issues remain about the comparability of these indicators across RSNs. Improvements in data reporting began during 2001 and 2002, so issues still remain in data reported in 2000. Major policy and practice differences among RSNs, and contextual issues must be understood to properly compare performance measures. Therefore, cross RSN comparisons should be done with caution. The best use of this information is to look at trends over time for individual RSNs or for the state as a whole.

DSHS/MHD RSN and County Boundaries

Washington State DSHS Regions

DSHS and MHD RSNs with County Boundaries as of August 1999



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Table of Contents

State of Washington Map DSHS/MHD RSN and County Boundaries.....	5
Acknowledgements.....	6
Table of Contents	7

Section 1: Overview

System Level Performance Indicators: A Working Definition	12
Performance Indicators	12
Guide to Navigating the Updated Report.....	13
Data Discussion	13

Section 2 Trends in Community Outpatient Services (FY2001-2003)

Access to Services..... 13

ACCESS I. A. Community Outpatient Penetration Rates.....	Error! Bookmark not defined.
ACCESS I. B. Community Outpatient Utilization Rates.....	Error! Bookmark not defined.
ACCESS I. C. Community Outpatient Penetration Rates by Age	Error! Bookmark not defined.
ACCESS I. D. Community Outpatient Utilization Rates by Age	Error! Bookmark not defined.
ACCESS I. E. Community Outpatient Penetration Rates by Race/Ethnicity	Error! Bookmark not defined.
ACCESS I. F. Community Outpatient Utilization Rates by Race/Ethnicity	Error! Bookmark not defined.
ACCESS II. A. Community Outpatient Penetration Rates for Medicaid Population	Error! Bookmark not defined.
ACCESS II. B. Community Outpatient Utilization Rates for Medicaid Population	Error! Bookmark not defined.
ACCESS II. C. Community Outpatient Penetration Rates by Age for Medicaid Population	Error! Bookmark not defined.
ACCESS II. D. Community Outpatient Utilization Rates by Age for Medicaid Population .	Error! Bookmark not defined.
ACCESS III. A. Community Inpatient Penetration Rates.....	Error! Bookmark not defined.
ACCESS III. B. Community Inpatient Utilization Rates	Error! Bookmark not defined.
ACCESS III. C. Community Inpatient Penetration Rates by Age	Error! Bookmark not defined.
ACCESS III. D. Community Inpatient Utilization Rates by Age	Error! Bookmark not defined.
ACCESS III. E. Community Inpatient Penetration Rates by Race/Ethnicity	Error! Bookmark not defined.
ACCESS III. F. Community Inpatient Utilization Rates by Race/Ethnicity	Error! Bookmark not defined.
ACCESS IV. A. State Hospital Penetration Rates by Age.....	Error! Bookmark not defined.
ACCESS IV. B. State Hospital Utilization Rates by Age	Error! Bookmark not defined.
ACCESS IV. C. State Hospital Penetration Rates by Race/Ethnicity	Error! Bookmark not defined.
ACCESS IV. D. State Hospital Utilization Rates by Race/Ethnicity.....	Error! Bookmark not defined.
ACCESS IV. E. State Hospital Penetration Rates by RSN	Error! Bookmark not defined.
ACCESS IV. F. State Hospital Utilization Rates by RSN	Error! Bookmark not defined.
ACCESS V. A. Youth & Parent Perception of Access by RSN	Error! Bookmark not defined.
ACCESS V. B. Adults' Perception of Access by RSN	Error! Bookmark not defined.
QUALITY VI. A. Youth and Parent Perception of Quality and Appropriateness by RSN...	Error! Bookmark not defined.
QUALITY VI. B. Adults' Perception of Quality and Appropriateness by RSN.....	Error! Bookmark not defined.
QUALITY VI. C. Youth and Parent Perception of Participation in Treatment by RSN.....	Error! Bookmark not defined.
QUALITY VI. D. Adults' Perception of Participation in Treatment Planning by RSN	Error! Bookmark not defined.

QUALITY VII. A. Children/Youth Treatment Settings	Error! Bookmark not defined.
QUALITY VII. B. Outpatient Clients who Received DASA and MHD Services....	Error! Bookmark not defined.
QUALITY VII. C. Clients who Received DASA and MHD Services by Age	Error! Bookmark not defined.
QUALITY VII. D. Clients with Mental Illness & Substance Abuse Disorder	Error! Bookmark not defined.
QUALITY VII. E. Clients with Mental Illness & Substance Abuse Disorder by Age	Error! Bookmark not defined.
QUALITY VII. F. Adult Outpatient Clients who Reported that they Received Physical Healthcare	Error! Bookmark not defined.
QUALITY VII. G. Community Clients Received Services 7 & 30 Days After Being Discharged	Error! Bookmark not defined.
QUALITY VII. H. Community Clients Readmitted 30 Days of Being Discharged From the Hospital	Error! Bookmark not defined.
QUALITY VII. I. Community Outpatient Clients Not Hospitalized by RSN.....	Error! Bookmark not defined.
QUALITY VII. J. Community Outpatient Clients Not Hospitalized by Age	Error! Bookmark not defined.
QUALITY VII. K. Community Outpatient Clients Not Hospitalized by Race/Ethnicity	Error! Bookmark not defined.

Client Status.....111

CLIENT STATUS VIII. A. Employment Status for Adults	Error! Bookmark not defined.
CLIENT STATUS VIII. B. Volunteer Work for Adults.....	Error! Bookmark not defined.
CLIENT STATUS IX. A. Living Situation: Adults Homeless	Error! Bookmark not defined.
CLIENT STATUS IX. B. Living Situation: Adults Independent Living	Error! Bookmark not defined.
CLIENT STATUS IX. C. Living Situation: Children & Youth	Error! Bookmark not defined.
CLIENT STATUS IX. D. Living Situation: Children Homeless	Error! Bookmark not defined.

Expenditures.....127

EXPENDITURES X. A. Expenditures per Consumer for Community Outpatient Services	Error! Bookmark not defined.
EXPENDITURES X. B. Expenditures per Hour of Community Outpatient Service	Error! Bookmark not defined.
EXPENDITURES XI. A. Expenditures per Consumer for Community Inpatient ..	Error! Bookmark not defined.
EXPENDITURES XI. B. Expenditure per Day of Community Inpatient	Error! Bookmark not defined.
EXPENDITURES XII.A. Percent of Expenditures Spent on Direct Service Costs.....	Error! Bookmark not defined.

Section 3: Indicators for Fiscal Year 2003

Access Indicators for Crisis & Outpatient Services System139

OUTPATIENT ACCESS XIII. A. Outpatient Only Penetration Rates.....	Error! Bookmark not defined.
OUTPATIENT ACCESS XIII. B. Outpatient Only Utilization Rates	Error! Bookmark not defined.
OUTPATIENT ACCESS XIII. C. Outpatient Only Penetration Rates by Age	Error! Bookmark not defined.
OUTPATIENT ACCESS XIII. D. Outpatient Only Utilization Rates by Age	Error! Bookmark not defined.
OUTPATIENT ACCESS XIV. A. Outpatient Only Penetration Rates for Medicaid Population.	Error! Bookmark not defined.
OUTPATIENT ACCESS XIV. B. Outpatient Only Utilization Rates for Medicaid Population....	Error! Bookmark not defined.
OUTPATIENT ACCESS XIV. C. Outpatient Only Penetration Rates by Age for Medicaid Population	Error! Bookmark not defined.
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population	Error! Bookmark not defined.
CRISIS ACCESS XV. A. Crisis Only Penetration Rates	Error! Bookmark not defined.
CRISIS ACCESS XV. B. Crisis Only Utilization Rates	Error! Bookmark not defined.
CRISIS ACCESS XV. C. Crisis Only Penetration Rates by Age	Error! Bookmark not defined.
CRISIS ACCESS XV. D. Crisis Only Utilization Rates by Age	Error! Bookmark not defined.

CRISIS ACCESS XVI. A. Crisis Only Penetration Rates for Medicaid Population **Error! Bookmark not defined.**

CRISIS ACCESS XVI. B. Crisis Only Utilization Rates for Medicaid Population. **Error! Bookmark not defined.**

CRISIS ACCESS XVI. C. Crisis Only Penetration Rates by Age for Medicaid Population **Error! Bookmark not defined.**

CRISIS ACCESS XVI. D. Crisis Only Utilization Rates by Age for Medicaid Population... **Error! Bookmark not defined.**

OUTPATIENT QUALITY XVII. A. Outpatient Clients who Received Services 7 & 30 Days Post Discharge
..... **Error! Bookmark not defined.**

CRISIS QUALITY XVIII. A. Crisis Only Clients who Received Services 7 & 30 Days Post Discharge..... **Error! Bookmark not defined.**

OUTPATIENT OUTCOME XIX. A. Outpatient Employment Change Over Time **Error! Bookmark not defined.**

OUTPATIENT OUTCOME XX. A. Outpatient Change in Homeless Status - Adults **Error! Bookmark not defined.**

OUTPATIENT OUTCOME XX. B. Outpatient Change Homeless Status - Children **Error! Bookmark not defined.**

Appendix.....**Error! Bookmark not defined.**

Section 1:

Overview

System Level Performance Indicators: A Working Definition

Performance Indicators provide information on how well a system is doing. The federal *General Accounting Office* defines Performance Measurement as: “The on-going monitoring and reporting of system-wide accomplishments, particularly progress toward pre-established goals...conducted by the program or agency management (GAO, 1988).” The Washington State Department of Social and Health Services utilize the Mental Health Statistics Improvement Program (MHSIP) paradigm to understand the domains of mental health information:

- ♦ **WHO** receives services (gets)
- ♦ **WHAT** types of services are delivered (from)
- ♦ **WHOM** staffing patterns (at what)
- ♦ **COST** fiscal viability

Outcome Measures provide specific client-level information on the results of services:

- ♦ **OUTCOMES:** What happens to the individual as a **RESULT** of the mental health care they receive?

Performance Indicators

- Provide information on the number of clients accessing services; how services are delivered; which outcomes or goals are achieved; and how dollars are spent.
- Reflect agreed upon values and goals.
- Are clear, reliable (results the same each time) and valid (measure used is measuring what it says).
- Help system managers and system payers understand trends in service delivery systems and change across time.

- Provide feedback on system accountability and have the potential to improve quality and services.

People or Groups interested in Performance Indicators may include:

- Mental Health Division staff
- Consumers
- Family members
- Advocates
- Regional Support Networks (RSNs)
- Legislators
- Hospital and community providers
- Federal funding sources/oversight (HCFA, JCAHC)
- Other Federal programs (NASMHPD, MHSIP, CMHS)
- Other interested parties

Guide to Navigating the Updated Report

Sections 1 and 2 are similar to previous reports, and can be used to look at trends over time. The cross-walk in the appendix (page 191) walks indicators listed in this report to indicators listed in previous reports, and should be used if trying to compare across reports.

Section 3 beginning on page 143, is new to this report. It only includes information on FY03. This section looks at services delivered to consumers who received only crisis services, and those who received general outpatient services. It also includes indicators looking at client change over time in employment and homelessness.

Data Discussion

To define and develop System-wide Performance Indicators, three things must be considered:

- available or collectable information (what data do we have?)

- the process of describing and interpreting the information (what does the data mean?)
- and the application and use of the finished indicator (how will the information be used?)

Performance Indicators for the Washington State mental health system come from a combination of the following five data systems for mental health services and surveys:

- the Mental Health Division Consumer Information System (MHD-CIS)
- the State Psychiatric Hospital data base Health Integrated Information System (HIIS)
- the Medicaid Management Information System payment data base (MMIS)
- the Mental Health Statistics Improvement Project (MHSIP), Youth Services Survey (YSS), the Youth Services Survey for Families (YSS-F); and the Adult Consumer Survey (ACS).
- the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Client Services Database (CSDB).

The data that describes the number and type of services received is conducted in one or more of the major three databases. Service data provides a picture of each client's mental health service use within a Fiscal Year.

The survey data is based on statewide surveys conducted by the Washington Institute for Mental Illness Research and Training (WIMIRT) for the Mental Health Division. Copies of the following reports are available at the Mental Health Division's website <http://www1.dshs.wa.gov/Mentalhealth> or on WIMIRT's Webpage <http://depts.washington.edu/wimirt/Publications.htm>.

- Children with Special Needs Survey 2001 by Dennis McBride, Curt Malloy, Julie Jensen, Matthew Reid-Schwartz, and Genevieve Smith;
- Toolkit for Children's Survey 2002 by Dennis McBride, Jonathan Lindsay, Genevieve Smith, and Curt Malloy; and
- Perceptions of Mental Health Services 2002 Adult Consumer Survey by Dennis McBride, Curt Malloy, Jonathan Lindsay, and Genevieve Smith
- Perceptions of Mental Health Services 2004 Adult Consumer Survey by Dennis McBride, Curt Malloy, Jonathan Lindsay, and Genevieve Smith

The indicators display the RSNs in the order of their population, from the smallest to the largest. The data notes section of the report describes:

- Special definitions used in the indicators,

- Differences in RSN service delivery systems,
- Any other information that provides background for the data being reported.

Each chart lists a calculation date at the top. This is the date that the data was pulled from the database and the indicator was calculated. The data for this report were pulled between March and November of 2004

In January 2002 the RSNs began reporting services data to the Mental Health Division using Current Procedural Terminology (CPT) codes and National Association of State Mental Health Program Directors (NASMHPD) temporary codes. In Section 2, to make the 2002 services data comparable to the services data received prior to 2002, some of the NASMHPD temporary codes have been excluded from the 2002 data. The excluded NASMHPD temporary codes are crisis hotline calls (code 00012), 24-hour crisis services (code 00010, 00033), and residential services (codes 00025-00032, 00034, 00036). These codes are excluded because these services are inconsistently reported across the state and are believed not to have been reported prior to January 2002. Although these services were removed from Section 2 of this report, they are still included in the RSN Revenue and Expenditure reports that are used to create the Expenditure Indicators.

Section 3 of the report breaks out Outpatient Only clients and Crisis Only clients. Outpatient only clients are defined as clients who receive some amount of outpatient services in the FY2003. If a client only received crisis services in FY2003, they would not be covered in the outpatient only indicators. Crisis only clients are defined as clients who only received crisis services (NASMHPD temporary codes 00009 and 00011) in FY2003 and who did not receive any amount of outpatient services. Crisis services are defined by NASMHPD temporary codes 00009 and 00011.

Throughout the report Medicaid Enrolled refers to all people who are currently enrolled in the Medicaid program and who receive publicly funded Mental Health services.

Data is recalculated for each version of the Performance Indicator report. Because the data used to generate the Performance Indicators is continuously updated there may be slight discrepancies in the reports from year to year.